III. CORRESPONDENCE PROCESSING AND APPRAISAL

A. Routine Correspondence

1. The contractor shall provide final responses to a minimum of *eighty-five* percent *(85%)* of all routine written inquiries within *fifteen (*15*)* calendar days of receipt. If a final response cannot be provided within *fifteen (*15*)* days, the contractor shall provide a written interim response by the *fifteenth (*15th*)* calendar day after receipt. Final response shall be provided on *ninety-seven* percent *(97%)* of all routine inquiries within *thirty (*30*)* calendar days of receipt; final response will be provided to all routine inquiries within *forty-five (*45*)* calendar days of receipt.

2. Responses may be provided by telephone, form letter, preprinted information, or individual letter. A copy of the response shall be filed with the inquiry. If the response is by telephone, a record of the conversation shall be filed with the inquiry. The text of written responses shall be typed. On form letters or preprinted information, the address may be neatly handwritten, if the contractor chooses. In situations of potential fraud or abuse, a referral to the *contractor's* Program Integrity Unit shall be completed and a copy of the referral filed with the correspondence.

3. If correspondence is received which does not contain enough information to identify the specific concern, the contractor should develop incomplete inquiries by using the quickest and most cost effective method for acquiring the information. Telephone contact is recommended. When a reasonable effort has been made to acquire the missing information, notify the correspondent that a response is not possible until receipt of the requested information. The contractor may then close the item for reporting purposes.

4. Correspondence status inquiries, such as "tracer" claims from providers or beneficiaries and provider and beneficiary letters inquiring about the status of a claim, may be closed without a written response if the claim was processed within five *(5)* calendar days prior to receipt of the inquiry. The day that the determination was made that the inquiry can be closed without a written response is the day the inquiry is to be closed for correspondence cycle time purposes.

5. Otherwise, "tracer" claims, usually submitted by providers, are to be researched to determine whether the initial claim was received. If the initial claim was received and processed to completion, the contractor is to advise the provider of the date processed and the amount of payment, if any, or reason for denial. If the initial claim was not received, the contractor should indicate this on the claim and submit the claim for normal processing, advising the provider of this action.

B. Priority Correspondence

1. The contractor shall provide final responses to *eighty-five* percent *(85%)* of all priority written inquiries within *ten (*10*)* calendar days of receipt. It is expected that *one hundred* percent *(100%)* of priority written inquiries will be answered with a final response within *thirty (*30*)* calendar days of receipt. Priority written correspondence is correspondence received from members of the U.S. Congress, the Office of the Assistant Secretary of Defense (Health Affairs), TMA, and such other classes as may be designated as "priority" by contractor management. Inquiries from the Surgeons General, Flag Officers,

and state officials, such as insurance commissioners, are considered priority correspondence.

2. The contractor shall forward all Congressional inquiries involving DEERS to the DEERS Directorate, Defense Medical Systems Support Center, 6 Skyline Place, Suite 502, 5109 Leesburg Pike, Falls Church, VA 22041-3201, including any claim information required for them to respond to the inquiry. A notification shall be sent to the Congressional office informing them that the letter has been forwarded to the DEERS Program Office.

3. *Reserved*

C. Correspondence Completion and Quality Control

1. Completing Correspondence

A piece of correspondence shall be considered answered when the contractor's response to the individual provides a detailed outline of all actions taken to resolve the problem(s) and includes, as appropriate:

a. An explanation of the requirements leading to the benefit determination;

b. A clear, complete response to all stated or implied questions;

c. When necessary to understanding, the contractor will send copies of Explanation(s) of Benefits (EOB), make reference to claim number(s) of the original claim(s) and the claim number(s) of adjustment claim(s) and provide sufficient details to establish an easily followed audit trail, or send other documents for full explanation and clarity.

d. Completion of a referral form to the *contractor's* Program Integrity Unit if potential fraud or abuse is identified. A copy of the referral will be filed with the correspondence.

e. If the response states or implies that additional action will be taken by the contractor, but that final or additional action requires an action or reply by the inquirer, the contractor shall clearly explain what is required.

2. When TMA staff requests the contractor to provide claims processing information required for TMA to answer inquiry correspondence, the contractor need not provide detailed explanations of TRICARE policy, but shall provide a regulatory citation in support of the benefit determination, the date the claim was first received, the date the Explanation of Benefits (EOB) was mailed, and a detailed explanation of any delay. When requested, the contractor shall furnish TMA with copies of all claims, supporting documents, previous correspondence relating to the particular case, *a recapitulation,* and a narrative description of the claims processing history for that claim; e.g., date *received*, date completed, date paid, etc. In the case of a TRICARE Prime beneficiary, it may be necessary to provide information about special coverage, pamphlets, enrollment information, or copies of all or parts of a health care record.

3. The contractor is responsible for ensuring the correspondence it prepares is accurate, responsive, clear, timely, and that its tone conveys concern and a

desire to be of service. To monitor correspondence, contractors shall establish a quality control procedure to ensure its correspondence reflects the elements previously listed. The findings of the quality control review should be incorporated into training programs to upgrade the performance of all persons involved in correspondence preparation. Contractors are free to tailor the program to meet their needs. However, effective **service** to the beneficiaries and providers, as reflected in the quality and timeliness of correspondence, is a key management responsibility.